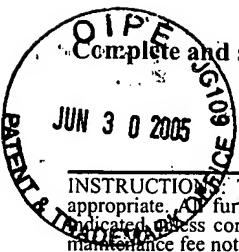


## PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: **Mail**

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**Commissioner for Patents**  
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7590 03/31/2005

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**PHILIP R. WARN, ESQ.**  
**WARN, BURGESS & HOFFMANN, P.C.**  
**P.O. BOX 70098**  
**ROCHESTER HILLS, MI 48307**

07/05/2005 HDENESS2 00000020 500906 10088935

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<b>Philip R. Warn</b>	(Depositor's name)
<i>[Signature]</i>	(Signature)
<b>June 28, 2005</b>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/088,935	07/15/2002	Mark Olijnyk	BRI-00065	4748

TITLE OF INVENTION: VEHICLE MIRROR CONTROL CIRCUIT ARRANGEMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/30/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
TIBBITS, PIA FLORENCE	2838	307-009100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **Warn, Hoffmann,**  
**Miller & LaLone, P.C**  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Schefenacker Vision Systems Australia Pty Ltd.**

**Lonsdale, Australia**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 500906 (enclose an extra copy of this form).

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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*[Signature]*

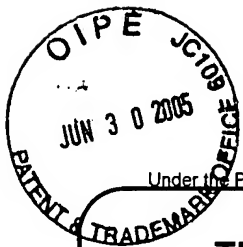
Date June 28, 2005

Typed or printed name Philip R. Warn

Registration No. 32775

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/088,935
Filing Date	7/15/2002
First Named Inventor	Olijnyk et al.
Art Unit	2838
Examiner Name	Pia Florence Tibbits
Attorney Docket Number	SCH-00065

**ENCLOSURES** (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Issue Fee Transmittal Form PTOL-85; Return Receipt Postcard
<b>Remarks</b> In the event that overpayment occurs, or if any additional fees are due in order to prevent the abandonment of this application, please consider this as authorization to credit/charge Deposit Account No. 500906 (Schefenacker Vision Systems USA Inc.) for any such fees. A duplicate copy of this document is enclosed for this purpose.		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Warn, Hoffmann, Miller & LaLone, P.C.		
Signature			
Printed name	Philip R. Warn		
Date	June 28, 2005	Reg. No.	32775

**CERTIFICATE OF TRANSMISSION/MAILING**

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Signature			
Typed or printed name	Philip R. Warn - Reg. No. 32775	Date	June 28, 2005

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